

SFUND RECORDS CTR

999000445

UNIT

Code No.

11

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acify)

- Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

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Code No.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Handling Method(s):

 recovery

☐ treatment (specify): _____

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐

Code No.

If waste is held for disposal ~~elsewhere~~ specify final location:

Disposal Date: 11/01/88

Signature of authorized agent and title

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

A059430